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Navy and Marine Corps Medical News
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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names. Photos for corresponding cutlines are available for download at navymedicine.med.navy.mil 1-3 days following the posting of this email.

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(MN010301) Nurse Anesthetists to be honored nationally
By Judith Robertson, Naval Hospital Bremerton

Nurse Anesthetists at Naval Hospital Bremerton and other military and civilian hospitals in Washington State will celebrate Washington State Nurse Anesthetists Week Jan. 21-27 as proclaimed by Governor Gary Locke. They join the nation's 28 thousand Certified Registered Nurse Anesthetists (CRNA) in celebrating National Nurse Anesthetists Week.

CRNAs practice in every setting in which anesthesia is delivered, including traditional hospital surgical suites,

obstetric delivery rooms, physician's offices, ambulatory surgery centers, Public Health Service, Veteran's Administration, and medical treatment facilities.

CRNAs administer approximately 65 percent of the more than 26 million anesthetics given in the United States each year. In rural settings, studies indicate CRNAs are the sole providers in nearly two thirds of all hospitals.

"Early in my nursing career I had the opportunity to be an operating room nurse, which I found to be a rewarding and stimulating specialty," said CDR Kevin Sumner, a CRNA assigned to Naval Hospital Bremerton. "That experience afforded me the opportunity to observe and assist the anesthesia providers on a daily basis.

"About 12 years ago I made the decision to apply to the Navy's program because I was interested in taking advantage of the educational opportunities available and gaining more challenges in a new field of medicine. Navy nurse anesthetists, as licensed independent practitioners, can be called upon to deliver anesthesia in remote operational combat areas as well as aboard ships at sea. My 'deck plate' or 'foxhole' is the operating room," Sumner said.

After providing care as a CRNA for over eight years, Sumner said he would highly recommend the profession. Within hospitals, nurse anesthetists not only practice their skills at the head of the operating table, but perform a myriad of interventions in other areas of the hospital, such as the emergency room, intensive care unit and surgical clinics, to name a few. When stationed in hospital settings, nurse anesthetists and physician anesthesiologists work together using a collaborative approach to patient care.

"Here at the naval hospital we work as a team to care for the active duty Sailors and Marines and their family members," Sumner said.

"Nurse anesthetists have been providing high quality anesthesia for more than 100 years," said Todd Herzog, president of the Washington Association of Nurse Anesthetists.

According to Herzog, recent studies show a dramatic reduction in anesthesia mortality rates during the last 20 years. Improved technology and pharmaceuticals, and increased education for nurse anesthetists and physician anesthesiologists has elevated anesthesia safety to an all-time high, Herzog added.

"There are so many different ways to make a positive impact on patients' health," Sumner said. "The interaction with the patient is the most gratifying."

"There are probably not too many people who remember us after their surgery is completed." Sumner said. "It's in the pre-operative period where the payoff happens. We have a chance to talk to them, explain to them how we will manage their anesthesia during the surgical procedure, answer their questions, allay their fears, and give them the confidence they need to face their surgery."

Currently there is a strong need for more anesthesia providers, both nurse anesthetists and physician

anesthesiologists, Sumner said. And aside from the good pay and benefits, there is also the realization you are doing 'good,' he added.

"The best part of my job is taking my patients safely through the operations they require and knowing they will be able to perform their jobs better if they know their spouses and children will have the best care available," Sumner said.

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Cutline 1: CDR Kevin Sumner, CRNA, USN, (left) checks anesthetics levels on Chief Petty Officer Christopher Forness, assigned to TTF Keyport, as LCDR Steve Morgan, MC, USN, orthopaedic surgeon, (right) and Hospital Corpsman 3rd Class Tony Ruth complete a procedure on the patient's arm. (U.S. Navy photo by Judith Robertson)

Cutline 2: CDR Kevin Sumner, CRNA, USN, documents anesthesia procedures during an operation at Naval Hospital. (U.S. Navy photo by Judith Robertson)

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(MN010302) Portsmouth NC anesthesia program goes operational
From Naval School of Health Sciences, Portsmouth

The Portsmouth Naval School of Health Sciences' Navy Nurse Corps Anesthesia Program (NNCAP) has once again established a higher level of excellence for students and future staff nurse anesthetists.

Recently, three student nurse anesthetists embarked on USS KEARSARGE (LHD-3) for an operational anesthesia rotation under the mentorship of LCDR Bob Arbeene, a nurse anesthetist serving on Fleet Surgical Team Two as their anesthesia provider. Under his direction, the students learned shipboard protocol, the supply system, and the challenges of administering anesthesia at sea.

According to CDR David Norman, department head for the Portsmouth NNCAP, graduates will be more capable to support the fleet at a moment's notice thanks to the many individuals who have graciously agreed to make this happen.

"Our goal will be to have every NNCAP Portsmouth graduate complete an operational anesthesia rotation," Norman said.

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(MN010303) Pearl Harbor clinic partners with Hawaii school
By HM1(FMF) Rafael E. Pineda, Naval Medical Clinic Pearl Harbor

Over 35 volunteers from Naval Medical Clinic Pearl Harbor recently spent their weekend painting, cleaning, shampooing carpets, and vacuuming the interior of Pearl Harbor Kai Elementary School, the clinic's adopted school under the Partnership for Excellence Program.

The weekend cleanup was part of an effort to strengthen ties to the community and take an ownership in local education. Through the Partnership for Excellence Program, command members

have been able to tutor students, share personal experiences, and impart core values to the youth in the local community.

Working from morning till late afternoon, the volunteers worked extremely hard making the school look like new as walls were scraped of old paint, staples and thumbtacks were removed from walls, and every corner was cleaned and painted. Refreshments were provided to the volunteers by the school. As one volunteer stated, "being completely covered by paint from head to toe felt a little bit like being young again."

According to Calvin Shimomura, school principal, The painting and cleaning project was a big success. His staff was very impressed with the quality of work completed by command volunteers.

It was an excellent demonstration of the good will and commitment of the Naval Medical Clinic Pearl Harbor team.

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(MN010304) Carl Vinson launches Navy's first MVP program
By JO1(AW) Paul Russo, USS CARL VINSON (CVN 70)

After more than a year of careful planning and preparations, USS CARL VINSON (CVN 70) became the first Navy command to develop a new program called "Mentors in Violence Prevention," or MVP.

According to Hospital Corpsman 1st Class (FMF) Jason Crume, CARL VINSON's medical clinic leading petty officer and MVP coordinator, the program has one major goal: "to educate men and women about gender-based violence and offer options for intervention when witnessing such violence."

"In simple terms, it's Sailors helping other Sailors to prevent violence," Crume added. "MVP is about Sailors having open discussions about preventing harassment and violence in the work place and having the moral courage to do the right thing."

The program provides information to crewmembers about attitudes by using trained facilitators holding informal training sessions with small groups of Sailors on board the ship, Crume said.

Planning for CARL VINSON's MVP program began when the ship's Command Master Chief, Michael H. Williams, challenged the ship's First Class Petty Officer's Association to take the lead. A two-day training session was held at the Olympic Lodge on Naval Station Bremerton.

Sponsored by Carl Vinson's Medical Department and West Sound Family Advocacy Treatment Center located on Naval Station Bremerton, 25 Carl Vinson first class petty officers completed the training becoming the Navy's first MVP facilitators.

According to Jackson Katz, founder of the national MVP program, MVP is leadership taking the courage to stand up and speak out against domestic and gender-based violence.

"The first class petty officers were chosen to run the program because they are leaders, and they can often be the best role models for the junior Sailors," Katz said.

Crume said the facilitators provide initial exposure of MVP to new crewmembers reporting to the ship during the command's

two-week indoctrination training that every Sailor attends when reporting on board. Facilitators present an overlay of MVP program concepts, show the video "Tough Guys," and then close with a question and answer period. The video shows several scenes depicting harassment and assault of co-workers, both in and out of the workplace during and after working hours.

MVP training is worked into the ship-wide weekly training schedule, ensuring all crewmembers are exposed to the program, Crume said.

The MVP program raises the awareness of Sailors about issues that traditionally have been considered "women's issues," Crume added. He said he hopes MVP encourages Sailors to play an active role in reducing sexual violence, harassment and abuse, as well as discouraging them from being bystanders.

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(MN010305) USNH Guam sets new course for the future
By LCDR Brian Clement, U.S. Naval Hospital Guam

Exciting things are afoot as the Family Practice Clinic of U.S. Naval Hospital Guam sets course for a new future in the delivery of primary care services (PCS) to their beneficiaries.

According to LCDR Sam Blackadar, MC, Department Head of PCS, the goal for the PCS team of doctors, nurses, and corps staff is to increase patient access to care and increase the efficacy of the service delivered while efficiently using the resources to deliver that service.

One of the most effective ways to better "external" customer (our beneficiaries) service is to better "internal" customer (our shipmates) service.

Concerted efforts are made by Guam clinic providers and nurses to routinely meet a broad spectrum of training needs of the corps staff. They are setting aside uninterrupted time with the corps staff on a weekly basis to address clinical, administrative, managerial, and advancement issues that are encountered everyday.

This enhances self-confidence and gives appropriate levels of support thus allowing the staff to develop critical thinking and problem solving skills without fear of making wrong decisions.

Praise and reward also tops the clinic's "Must Improve" list. Nothing instills confidence and self-worth like being promoted, advanced, or receiving recognition for a job well done. Sometimes, in the course of busy days, it's easy not to document the praise of our shipmates.

J. Conrad Levinson, the author of "Guerilla Marketing," notes that the most effective kind of marketing a business can do is "relationship marketing;" that is, to build relationships where both parties can realize a profit and benefit one another. It is the most time consuming and costly, but is the most effective and long-lasting. In PCS, we are building those relationships with our shipmates, and with our beneficiaries.

"We are here to see patients," noted Blackadar. "That is our mantra, and it guides us as we streamline our clinic processes

to better facilitate patient access to our clinic and to ensure the efficacy of our service."

As an example, groundwork and infrastructure have been established to move from patient care coordination to a fully functioning case management program for diabetic patients.

"With the help of many within the command, we have begun to put the pieces together to such a degree that the Case Management Committee has scheduled the official pilot program to begin early in 2001," Blackadar said. "This is exciting, because the vision and preparation of our shipmates before us. This is really a step toward the leading edge for an MTF of this size, and a huge leap toward caring for the vulnerable population of diabetic patients on the island of Guam."

Dr. David Livingstone, famed doctor, missionary, explorer, and naturalist stated just prior to entering medical school, "I soon endeavor to dedicate my life to the relief of human misery."

For the team in the Guam Primary Care Services, this is the mission that drives them.

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(MN010306) TRICARE Question and Answer

Question: What is a Primary Care Manager (PCM)?

Answer: A PCM is a medical professional, or a team of providers, in a military hospital or clinic, or in a civilian network, who will assume primary responsibility for providing, arranging and coordinating an enrollee's total health care. A physician designated as a PCM could be one who practices in General or Family Practice, Internal Medicine, Pediatrics and OB/GYN. Nurse Practitioners and Physician's Assistants who are privileged to provide primary care services may be organized as part of the PCM team.

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(MN010307) Healthwatch: Diarrhea, A Common Childhood Illness
From U.S. Naval Hospital Yokosuka

Diarrhea is a common childhood illness that usually results from people coming in contact with other people who are infected with viruses. These viruses then enter the bowel and make the bowel secrete more water than usual. The result is loose, watery stool that passes more often.

Diarrhea can also be caused by bacterial infections. Generally, these occur when people travel and come into contact with bacterially infected drinking water, swimming lakes or pets.

As a parent, there are several things you can do to help your child get over diarrhea:

(1) Give the child plenty of fluids to drink. Popsicles, Gatorade, broth, water, and Pedialyte are all examples of fluids. These fluids flush out the virus and prevent dehydration.

(2) Place the child on a lighter, low-fat diet until the

stools slow down or return to normal. The "BRAT" diet (bananas, rice, applesauce and toast) is a well-known, very good diet that helps slow loose stools. Greasy or fried foods will usually make the diarrhea worse.

(3) Avoid milk products for 24-48 hours. For babies on formula, switching to a soy-based milk will be necessary to continue feeding without making the diarrhea worse.

(4) If you are giving the child juice as a part of the fluids, first dilute it half-and-half with water or Pedialyte.

(5) Finally, a coating antacid such as PeptoBismal may be used. A dose of one teaspoon (5 ml) may be used for each 10 pounds that the child weighs, up to 30 ml. For instance, a 10-pound child would get one teaspoon every six hours. A 20-pound child would get two teaspoons (10 ml) every six hours. If your child weighs more than 60 pounds, do not give more than 30 ml, or two tablespoons.

Finally, there are several cases in which you should see a physician for diarrhea:

- If the diarrhea lasts longer than three-five days.
- If there is blood or mucous in the stool.
- If the child develops a fever greater than 103 degrees.
- If the child also has vomiting and cannot hold down fluids.
- If the child also has complaints of burning when urinating.

Parents should contact their pediatrician if they have concerns about the way their child is responding to diarrhea or other illness.

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Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.